

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SeniorCare Inc. Federal PAC

Full Name (Last, First, Middle Initial)

A. Conway For Senate Campaign		Date of Disbursement
Mailing Address PO Box 6168		10 / 05 / 2009
City Louisville	State KY	Zip Code 40206
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name Jack Conway		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. ALFA PAC		Date of Disbursement
Mailing Address 1650 King Street Suite 602		11 / 18 / 2009
City Alexandria	State VA	Zip Code 22314-2747
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 3800.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

5,800.00

TOTAL This Period (last page this line number only).....▶

5,800.00